

Reimbursement for costs associated with EMPAG contracts must be detailed utilizing either this form or one that contains the same information. This form must be accompanied by a State Invoice Voucher (A-19) and include an authorized original signature. Please DO NOT include back up documentation that is not expressly asked for. Source documentation for all costs should be on file with the sub-grantee and be readily available upon request from EMD or an auditor.

SFY07  EMPAG

CATEGORY					
<input type="checkbox"/> EQUIPMENT	<input type="checkbox"/> EXERCISE	<input type="checkbox"/> TRAINING	<input type="checkbox"/> PLANNING	<input type="checkbox"/> MGMT/ADMIN	<input type="checkbox"/> ORGANIZATION

Documentation for reimbursement of salaries and benefits must include names of all individuals as well as their job title and activity as it relates to accomplishing the contract deliverables.

Name	Activity	Job Title	Date(s)	Salary & Benefits	Total	Related Project
				\$	-	
				\$	-	
			TOTAL	\$ -	\$ -	

[illegible]

Agency/Name	Activity including dates	Cost	Related Project
	TOTAL \$	-	

Detail must include a description of the item or service purchased. If the item or service was purchased in support of a specific training course/exercise/planning activity identify it. A general description of the training course/exercise/planning activity will not be accepted, (i.e. WMD exercise). If general office supplies were purchased that designation is acceptable.

Item	Vendor Name	Date Purchased	Date of Activity	Amount	Related Project
Total \$				-	

Detail must include the activity performed or the event attended. A general description of the training course/exercise/planning activity will not be accepted, (i.e. WMD exercise). All travel costs must comply with local travel regulations and per diem rates.

Name	Activity	Date	Amount	Related Project
		TOTAL \$	-	

Only those agencies that have an approved in-direct rate on file with EMD may charge an in-direct rate to their expenditures. If rate is being applied to costs that were previously reimbursed, identify the invoices or costs.

Approved In-direct rate	Date Range	Amount
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All requests for reimbursement for equipment purchases must be accompanied by a copy of the vendor's invoice, and either the corresponding packing slip or a statement written on the invoice that says "all items listed have been received in working order and inventoried". This statement must be accompanied by the signature of a staff member of the sub-grantee or their designee.

Item	Quantity	Amount	Received Date	Related Project
TOTAL \$		-		

REIMBURSEMENT TOTAL	\$	-
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To receive reimbursement for EMPAG Grant related expenditures, please send this form and a signed A-19 Invoice Voucher to: Washington State
Emergency Management Homeland Security Section, ATTN: Rachel Sova, Building 20, Camp Murray 98430-5122